

MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Type of Requestor: (x) HCP () IE () IC	Response Timely Filed? (x) Yes () No
Requestor's Name and Address Health & Medical Practice Associates 324 N. 23 rd Street, Ste. 201 Beaumont, TX 77707	MDR Tracking No.: M4-03-8454-01
	TWCC No.:
	Injured Employee's Name:
Respondent's Name and Address American Zurich Insurance Co. C/o Flahive Ogden & Latson P.O. Drawer 13367 Austin, TX 78711 BOX 19	Date of Injury:
	Employer's Name: United Scaffolding Inc.
	Insurance Carrier's No.: 2620089262

PART II: SUMMARY OF DISPUTE AND FINDINGS (Details on Page 2, if needed)

Dates of Service		CPT Code(s) or Description	Amount in Dispute	Amount Due
From	To			
06/19/02	10/23/02	99213, 97720, 997032, 97035, 97110, 95900-WP, 97530, 97012, 97750	\$1,380.00	\$416.00

PART III: REQUESTOR'S POSITION SUMMARY

The requestor did not submit a Position Summary.

PART IV: RESPONDENT'S POSITION SUMMARY

The Respondent Position Summary states in part, "Carrier maintains that it has paid all reasonable, necessary and elated charges in accordance with the Statute, Rules and medical Fee Guidelines".

PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

The requestor was contacted on 02/07/05 and submitted a fax withdrawing CPT Code 99455L2 for date of service 11/26/02. This CPT code was denied as "U – unnecessary medical without a peer review" and the health care provider does not want this dispute to be reviewed by an IRO.

The CPT Codes 97110, 95900-WP, 97530, 97012 and 97750 for dates of service 07/22/03 through 10/23/02 were denied for one or more of these listed codes: "T", "C" & "F". The "T" denial code is an incorrect code as TWCC abolished the Treatment Guideline on 01/01/02; the "C" denial code is an incorrect code as the health care provider has submitted convincing evident that as of 09/07/00, Drs. O'Neal and Piggini's contract has been null and void with Focus and that Dr. Patrick McMeans, M.D. does not and has not had a contract with Evolutions/Focus.

Per the 1996 Medical Fee Guideline, General Instructions (I) CPT Codes 97720 and 997032 for date of service 07/22/03 are not codes recognized by TWCC or AMA; therefore, reimbursement is not recommended.

- CPT Code 99213 for date of service 06/19/02 and 07/17/02. Neither party submitted EOBs. Per Rule 133.307(e)(2)(B) the requestor has submitted convincing evidence of request for reconsideration. Per the 1996 MFG/E&M Ground Rule (IV)(C)(2) SOAP notes support services were rendered as billed. Reimbursement in the amount of \$96.00 (\$48.00 x 2) is recommended.
- CPT Code 97035 for date of service 07/22/03. Neither party submitted EOBs. Per Rule 133.307(e)(2)(B) the requestor has submitted convincing evidence of request for reconsideration. Per the 1996 MFG/Medicine Ground Rule (I)(A)(10)(a) SOAP notes support service was rendered as billed. Reimbursement in the amount of \$22.00 is recommended.
- CPT Code 97110 for dates of service 07/22/03, no EOB received; 09/24/02 and 09/27/02 denied as "T, F, C". Per Rule 133.307(e)(2)(B) the requestor has submitted convincing evidence of request for reconsideration. Per Advisory 2002-11 the Treatment Guidelines have been abolished. Per submitted information by requestor, they are not under a PPO contract. However, Recent review of disputes involving CPT Code 97110 by the Medical Dispute Resolution section indicate overall deficiencies in the adequacy of the documentation of this Code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one." Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division

has reviewed the matters in light all of the Commission requirements for proper documentation. The MRD declines to order payment because the SOAP notes do not clearly delineate exclusive one-on-one treatment nor did the requestor identify the severity of the injury to warrant exclusive one-to-one therapy. Additional reimbursement is not recommended.

- CPT Code 95900-WP for date of service 09/30/02 denied as "T, F, C". Per Advisory 2002-11 the Treatment Guidelines have been abolished. Per submitted information by requestor, they are not under a PPO contract. Per the 1996 MFG/MGR CPT descriptor the code is a nerve conduction, velocity and/or latency study; motor, each nerve. The submitted EOB shows payment for one nerve; per the CPT descriptor payment is each nerve. The submitted NCV study supports the service was rendered as billed. Additional reimbursement of \$192.00 (\$64.00 x 3) is recommended.
- CPT Code 97530 for date of service 09/30/02 denied as "T, F, C". Per Advisory 2002-11 the Treatment Guidelines have been abolished. Per submitted information by requestor, they are not under a PPO contract. Per the 1996 MFG/MGR (I)(A)(11)(b) SOAP notes do not document direct (one-on-one) patient contact; therefore reimbursement is not recommended.
- CPT Code 97012 for date of service 09/30/02 denied as "T" and "F". Per Advisory 2002-11 the Treatment Guidelines have been abolished. Per the 1996 MFG/MGR (I)(A)(9)(a)(ii) submitted SOAP notes support reimbursement in the amount of \$20.00 is recommended.
- CPT Code 97750 for date of service 10/23/02 denied as "C". Per submitted information by requestor, they are not under a PPO contract; therefore, per the 1996 MFG/MGR CPT code descriptor, the MAR is \$43.00 per unit. The submitted PPE supports service was rendered as billed. Additional reimbursement in the amount of \$86.00 is recommended.

PART VII: COMMISSION DECISION AND ORDER

Based upon the review of the disputed healthcare services, the Medical Review Division has determined that the requestor is entitled to additional reimbursement in the amount of \$416.00. The Division hereby **ORDERS** the insurance carrier to remit this amount plus all accrued interest due at the time of payment to the Requestor within 20-days of receipt of this Order. Per Advisory 2002-11 the Treatment Guidelines have been abolished

Ordered by:

Marguerite Foster

02/11/05

Authorized Signature

Typed Name

Date of Order

PART VIII: YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the Decision and has a right to request a hearing. A request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings/Appeals Clerk within 20 (twenty) days of your receipt of this decision (28 Texas Administrative Code § 148.3). This Decision was mailed to the health care provider and placed in the Austin Representatives box on _____. This Decision is deemed received by you five days after it was mailed and the first working day after the date the Decision was placed in the Austin Representative's box (28 Texas Administrative Code § 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings/Appeals Clerk, P.O. Box 17787, Austin, Texas, 78744 or faxed to (512) 804-4011. A copy of this Decision should be attached to the request.

The party appealing the Division's Decision shall deliver a copy of their written request for a hearing to the opposing party involved in the dispute.

Si prefiere hablar con una persona in español acerca de ésta correspondencia, favor de llamar a 512-804-4812.

PART IX: INSURANCE CARRIER DELIVERY CERTIFICATION

I hereby verify that I received a copy of this Decision and Order in the Austin Representative's box.

Signature of Insurance Carrier: _____ Date: _____